

The following list of Frequently Asked Questions (FAQ) pertain to the 2023 versions of the "Grievance and Appeals Log" and the "Grievance System Report" Templates located on the CCO Contract Forms webpage:

<https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx>

**Grievance and Appeal Log:
General**

Question #	Document	Section	Column / Row	Question	Answer
# 1	Grievance and Appeal Log			Is it possible to include in the log template a summary page that will calculate the data required for the tables in the written report? If it is not included in the log, then each CCO will be recreating the calculations and it is likely that the calculations will not be an apples-to-apples comparison between CCOs due to differing interpretations of the numerator and denominator requirements for the calculations.	OHA is evaluating the value of the calculations and how best to approach supporting the CCOs in making use of their data and reducing administrative burden wherever possible. For any required reporting metrics, OHA will include numerator and denominator requirements in the instructions.
# 1.A	Grievance and Appeal Log			Will CCO's get timely feedback if Q1 logs have issues or errors?	Yes.

**Grievance and Appeal Log:
Grievance Log**

Question #	Document	Section	Column / Row	Question	Answer
# 2	Grievance and Appeal Log	Grievance Log		In the Grievance Log: Why are the Grievance Category and Grievance Type separated into two separate fields? The meaning of the Grievance Type field is dependent on the Grievance Category. For example, depending on the Category selected, Grievance Type of 'a' could mean: <ul style="list-style-type: none"> • Provider's office unresponsive, not available, difficult to contact for appointment or information • Wants to change providers; provider not a good fit • Received appropriate care, but experienced an adverse outcome, complications, misdiagnosis or concern related to provider care • Delay in receiving or concern regarding quality of materials and supplies (DME) • Co-pays We're concerned that it is potentially confusing to have all of these very different Grievance Types separated from the Category description that gives context.	OHA made this change to support a more streamlined analysis. OHA will not be analyzing Grievance Types as a standalone data element. The analysis will always look at Grievance Types as they relate to the reported Category. If this poses an issue ongoing, OHA can certainly take another look to determine if there is an alternate approach that supports the quality of the data on both the reporting and analysis-side.

# 3	Grievance and Appeal Log	Grievance Log	Resolved column	We are wondering about the purpose of the "Resolved" data field, which was not included in the draft version of the Log. It would seem that if a particular grievance has been resolved, it will have an entry in the "Date of Resolution" field, and if it has not been resolved, then the "Date of Resolution" field will be blank. Thus it seems as though the "Resolved" data field is somewhat redundant. We are wondering if there is some other purpose or intent behind the "Resolved" data field which we aren't seeing.	The "Resolved" field is necessary because if the "Date of Resolution" field is left blank, it could mean it is unresolved or it could be a data quality issue. Additionally, the "Resolved" field allows us to perform data validation on the "Date of Resolution" field (if Resolved=Y, "Date of Resolution" is required).
# 3.A	Grievance and Appeal Log	Grievance Log	Provider; Clinic	<p>This is in regard to the Grievances Log, specifically the fields for reporting the subject(s) of the complaint.</p> <p>According to the Reporting Instructions, both the "Provider" and "Clinic" fields are required, but also accept blank values:</p> <p>So first, we wanted to clarify if it is acceptable to leave one of these fields blank if it does not apply – for example, if the Member's complaint was about a clinic, but not necessarily against a specific Provider at that clinic, or against someone at the clinic who is not a Provider (like a front desk</p>	<p>We will clarify the reporting instructions for the "Provider" and "Clinic" fields to show required only when applicable (we understand not every provider is associated with a clinic).</p> <p>Please enter the name of the Provider that is assigned to the member in the "Provider" field, and the name of their affiliated clinic, when applicable, in the "Clinic" field.</p> <p>When the member's complaint is against the MCE itself, please indicate this by using the appropriate Grievance category and Grievance Type code found in the Grievance System Code Tables document.</p>

Grievance and Appeal Log:

PA Log

Question #	Document	Section	Column / Row	Question	Answer
# 4	Grievance and Appeal Log	PA Log		For CCO cancellations - Sometimes a PA will get loaded in error or by mistake and will be voided. Is that something we should report?	No.
# 5	Grievance and Appeal Log	PA Log		Do we need to include transition of care auths (auths that are transferring from other CCO's or open card) on the PA log?	No.

# 5. A	Grievance and Appeal Log	PA Log		<p>We want to make sure we log Partial Denials correctly and would appreciate some further clarification on the two Scenarios below:</p> <p>Scenario 1 If a PA request is for 15 therapy sessions and only 10 sessions are approved, this is classified as a partial denial. 10 sessions were approved and 5 were denied. Based on the feedback provided, is this how the template should look?</p> <p>PA ID Client ID Date of Request Outcome Service Type Diagnoses Code(s) Procedure Code(s) H11111199999991/1/2023Q3M54.5097110 H11111199999991/1/2023Q3M54.5097110</p> <p>Scenario 2 If a PA request is requesting 2 services where one is approved and one is denied, this is also classified as a partial denial. Based on the feedback provided, is this how the template should look?</p> <p>PA ID Client ID Date of Request Outcome Service Type Diagnoses Code(s) Procedure Code(s) H11111199999991/1/2023Q3M54.5097110</p>	Both of the scenario template examples you provided below are correct. Please proceed accordingly.
# 6	Grievance and Appeal Log	PA Log	PA ID column	<p>For the "PA ID" column, is OHA looking for CCOs to input some kind of unique internal identifier for each PA request we receive, or is the intent that we just number them sequentially, as illustrated in the template (1,2,3, etc)</p> <p>a. If the latter is the intent (numbering each sequentially), would we start the numbering over in each subsequent quarter, or continue the sequence? In other words, say in Q4 2022 we reported 5000 PAs, numbered 1-5000. When we submit our Q1 2023 report, would the first PA in that quarter be give the ID of "1", or "5001"?</p>	If you have a unique internal identifier for your PA's, please use that. If you don't, please number sequentially with the year and quarter identified in front such as: "PA_2022Q4_1, PA_2022Q4_2, PA_2022Q4_3, and so on."
# 7	Grievance and Appeal Log	PA Log NOABD Log	PA ID column	If there is no PA ID associated with the request, should we use "year-quarter-number" as the PA ID? And if so, can we use a separate number sequence per benefit (PH, Dental, Rx), or should there be only one number sequence per CCO?	If there is no PA ID associated with the request, please use the "year-quarter-number" format as the PA ID. There should only be one number sequence per CCO (do not use a separate number sequence for each benefit).

# 8	Grievance and Appeal Log	PA Log NOABD Log	PA ID column	We regularly receive PA requests for services that do not require a PA. We are planning to report all PA's received, and services that do not require a PA would have the outcome "CCO Cancelled". Is this OHA's expectation? Or should we only report PA's that are required?	Report all PA's received.
# 8.A	Grievance and Appeal Log	PA Log NOABD Log	PA ID column; NOABD ID column	Can you clarify that on the PA log and the NOABD log the ID's can be the same?	Yes, the ID numbers may be the same, but please ensure you are using the correct prefix for each: Example: NOABD_2023Q1_1 and PA_2023Q1_1
# 8.B	Grievance and Appeal Log	PA Log	PA ID column; Outcome column	Related to the PA Log: We frequently have PAs with a decision that we classify as "Modified Approval" and generate an NOABD. In these cases, part of the requested service was approved, and part was denied. Example 1: 12 office visits are requested, but only 8 are approved. Example 2: 4 months supply of a medication is requested, but a 1-month trial is approved to evaluate tolerance. Example 3: 200 diabetic test strips per month are requested and 100 are approved. For these types of requests, there are not separate services to list on separate rows of the report. How should we list these?	For a partially approved PA, please use two or more separate lines to distinguish the portions of the PA that are denied and those that are approved and then input the proper Outcome code for each. In these situations, please ensure that the PA ID is the same across these rows. Example 1: Row 1 - PA_2023Q1_1, 8 office visits approved, Outcome = A Row 2- PA_2023Q1_1, 4 office visits denied, Outcome = D
# 9	Grievance and Appeal Log	PA Log	Outcome column	What is the purpose of the "Outcome" column? How does it differ from the "Approved or Denied" column? What would be the expected data in this column?	The "Approved or Denied" column will be removed and only the "Outcome" column will remain in the report template. The "Outcome" column is meant to encompass all "Approvals", "Denials", and "CCO Cancellations".
# 10	Grievance and Appeal Log	PA Log	Outcome column	For the "Outcome" data field, we noted that you specified that we should only report an outcome of 'C' if the CCO cancels the PA. First, we are wondering if you meant for this to say MCE cancellations, rather than CCO cancellations. The question we have is this – are we correct in our assumption that if a provider submits a PA request but then cancels it, then we will just not report that particular request on the Log at all?	If a provider submits a PA request but then cancels it, you do not need to report that particular request at all.
# 11	Grievance and Appeal Log	PA Log	Outcome column	Which Outcome value should we use for a "modified" or "partially approved" PA? We often have decisions where a service or item might be approved in a lesser amount or for a shorter length of time that was requested. These decisions trigger an NOABD to the member to explain what was approved and what was not approved.	For a partially approved PA, please use two or more separate lines to distinguish the portions of the PA that are denied and those that are approved and then input the proper Outcome code for each. In these situations, please ensure that the PA ID is the same across these rows.

# 12	Grievance and Appeal Log	PA Log	Outcome column	How are Partial Denials categorized under PA Outcomes? Approved, Denied, Cancelled, Pending are the available options.	For a partially approved PA, please use two or more separate lines to distinguish the portions of the PA that are denied and those that are approved and then input the proper Outcome code for each. In these situations, please ensure that the PA ID is the same across these rows.
# 13	Grievance and Appeal Log	PA Log	Diagnoses Code column	Regarding the "Diagnoses Code(s)" column – often a PA request is submitted with more than one diagnosis code. How would OHA want us to report this on the log? Would we list all of the submitted ICD-10 codes in the same field (each code separated by a space), or would we only report the primary or first diagnosis submitted by the provider?	Please list all of the submitted ICD-10 codes in the same field and separate each with a semi-colon.
# 14	Grievance and Appeal Log	PA Log	Diagnoses Code column; Procedure Code column	In the Reporting Instructions (pg 13), data field instructions say we should include all diagnoses codes and procedure codes, however it also says they are not required. Can OHA clarify?	The instructions have been updated to read "Yes, when applicable". If there are associated procedure/diagnosis codes, please include, and if not, please leave the field(s) blank.
# 15	Grievance and Appeal Log	PA Log	Procedure Code column	We have a similar question about the "Procedure Code(s)" column, since a PA might include multiple procedures. Should all of the procedure codes in a PA be listed in the field?	Yes
# 16	Grievance and Appeal Log	PA Log	Procedure Code column	How will we report PAs for services that don't have a procedure code – for example, prescription drugs or NEMT?	Leave the procedure code field blank, but fill out all other applicable fields.
# 17	Grievance and Appeal Log	PA Log	Procedure Code column; Outcome column	Per the instructions, we should include all procedure codes, and separate them using a comma. However, in the outcome column our choices are only Approved, Denied, or CCO Cancelled. For instances where some codes are approved and some others are partially approved/denied, how should we classify the outcome? Should we list procedure codes with same PA ID on separate lines if they have a different outcome?	Please classify the outcome as Approved, Denied, or CCO Cancelled for each procedure code associated with the same PA ID, when the outcome varies. List the procedure codes with the same PA ID on separate lines if they have a different outcome.

**Grievance and Appeal Log:
NOABD Log**

Question #	Document	Section	Column / Row	Question	Answer
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# 18	Grievance and Appeal Log	NOABD Log		If a single claim has multiple service (CPT) lines (let's say 5), but 2 of the lines are denied for 2 different reasons... do we list that claim just once or do we list the claim twice but indicate the proper subcategory code for each line? If we list it just once, which subcategory do we use?	Please list the same claim ID on multiple lines, as needed, and indicate the proper subcategory code for each line.
# 18.A	Grievance and Appeal Log	NOABD Log		On the NOABD Log tab, how is OHA tracking the turnaround time, if the received data (claims processes date) is no longer on the report?	We did remove the "# Days between Request and NOABD" column from this tab during our 1st round of revisions in November 2022 because that was a "calculation" column and no longer necessary in the body of the report. We are still able to assess timeliness of the NOABD notice using data from the remaining columns in the NOABD and PA tabs.
# 19	Grievance and Appeal Log	NOABD Log	NOABD ID column PA ID column Claim ID column	Can the NOABD ID and PA ID/Claim ID, be the same?	No, please utilize the NOABD "Year-quarter-number" format as indicated in the instructions because one NOABD can relate to multiple PAs/claims.
# 20	Grievance and Appeal Log	NOABD Log	NOABD ID column	Are we inputting our own unique internal identifiers for each NOABD in the NOABD ID column, or are we just numbering them sequentially as we enter them on the log (e.g. 1,2,3, etc.)?	If you have a unique identifier for NOABDs, please use that, otherwise please number sequentially with the year and quarter identified in front such as: "NOABD_2022Q4_1, NOABD_2022Q4_2, NOABD_2022Q4_3, and so on".
# 21	Grievance and Appeal Log	NOABD Log	PA ID column	There are circumstances when a NOABD and/or grievance is generated, but there is no PA associated with the service. For example, dental services do not require a PA so these services will not show up on the PA log. For these instances, should the PA ID be left blank, or is there something we should use instead?	Yes, for these instances, the PA ID field should be left blank. The instructions have been updated to address this.
# 22	Grievance and Appeal Log	NOABD Log	Claim ID column	Are we inputting our own unique internal identifiers for claims in the Claim ID column, or are we just numbering them sequentially as we enter them on the log (e.g. 1000001, 1000002, 1000003, etc.)?	Please input your own unique identifiers for claims in the Claims ID column.
# 23	Grievance and Appeal Log	NOABD Log	Date Service Provided column	Are we correct in our assumption that the "Date Service Provided" column will only require an entry for a claim denial (any row with a "Claim ID" entry)?	Yes.
# 24	Grievance and Appeal Log	NOABD Log	Date Service Provided column	For the date of service, what if the service spans several dates? For instance Inpatient says, PT or DME claims. Do we use the beginning date of the span?	Yes, please use the beginning date of the span.

# 25	Grievance and Appeal Log	NOABD Log	CCO Extension; Services Previously Authorized; Expedited Granted	The columns for CCO Extension, Services Previously Authorized, and Expedited Granted would not apply to claims NOABDs. Should we use a “N” for No value, or should those be left blank for claims NOABDs.	Use "N" for "No" in these columns for claims NOABDs since extensions and expedited requests would not apply.
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**Grievance and Appeal Log:
Appeal Log**

Question #	Document	Section	Column / Row	Question	Answer
# 26	Grievance and Appeal Log	Appeal Log		Should we report cases that were dismissed for reasons other than untimeliness? For example, if we receive an appeal from someone not authorized to act on behalf of a member, or if there's no member signature?	Yes.
# 26.A	Grievance and Appeal Log	Appeal Log	NOABD ID	On the appeal log tab, if the PA/claim that was denied is from a previous quarter do we add an NOABD ID, even though it will not be on the NOABD Log tab?	No. Because the data was from the previous quarter, Q4 2022, and thus prior to the new requirement effective Q1 2023, we will accept blanks in the NOABD ID column for these instances. One time special case for submission template change between Q4 2022 to Q1 2023.
# 27	Grievance and Appeal Log	Appeal Log	Time Appeal Overturned	Time Appeal Overturned – Is this the time the MD sent their decision to the QA Team, the time of Effectuation (when a previously-denied service is authorized in the system), or some other time?	Time Appeal Overturned is when the decision is made by MD or medical professional.
# 28	Grievance and Appeal Log	Appeal Log	Time Appeal Overturned; Time Member Notified; Time Provider Notified	Will MCEs only need to report the Time in Columns H, J and L for appeals that were expedited? Can this field be left blank for standard appeals?	Please provide the time for both expedited and standard appeal decisions. We are requesting this information to ensure compliance with OAR 410-141-3890 (9).

# 29	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	For the notification fields (“Date Member Notified”, “Time Member Notified”, “Date Provider Notified”, “Time Provider Notified”), does this mean the date and time of an MCE’s first attempt to contact the member or provider to inform them of the overturn? For example, the date and time of the first attempted phone call to a member, or the date and time an email is sent to a provider? We can imagine that depending on circumstances, an MCE might need to make more than one attempt to reach a member or provider, and possibly use multiple methods.	Yes, please insert the date/time of your first attempt to contact the member/provider.
# 30	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	Are we required to provide dates and times for services that were partially overturned?	Yes, the member/provider still needs to be notified of the portion that’s denied in this circumstance.
# 31	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	On the appeals tab can you clarify if columns I-L pertain to expedited appeals only? If not, can you explain what we should be capturing in these fields?	No, these do not only pertain to expedited appeals. These columns pertain to any/all overturned appeals and are meant to capture the dates/times your CCO subsequently notifies the pertinent member and provider of the overturn decision and current availability of service(s). These notifications should occur within 72 hours of your receipt of notice of the overturn decision as per OAR 410-141-3900 (8)(a) and CCO Contract Exhibit I (7)(a).

# 31.A	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	Can OHA confirm on the appeal tab that they want the date and time the member and provider are notified for overturned appeals?	Yes, that is correct.
# 32	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified;	Date/Time Member Notified – We plan to use the date/time the letter was mailed per our mailroom. Unless a member was initially notified by phone, this date may be the same as “Date of NOAR”. Does this meet expectations or does OHA differentiate between these data values?	Yes, this meets our expectations.
# 33	Grievance and Appeal Log	Appeal Log	Date Provider Notified; Time Provider Notified	Date/Time Provider Notified – We plan to use the date/time of the fax or phone call to the provider informing them that a service they requested has been fully- or partially- overturned.	This is acceptable.
# 33.A	Grievance and Appeal Log	Appeal Log	Date of NOAR	To confirm, if an appeal is Dismissed or Withdrawn, we leave the Date of NOAR cell blank?	Yes, that is correct.

**Grievance System Report:
NOABD Table**

Question #	Document	Section	Column / Row	Question	Answer
# 34	Grievance System Report	NOABD Table	% of NOABDs where timeframe was extended	In the Grievance System Report NOABD Table, % of NOABDs where timeframe was extended: Should the denominator for this calculation be the total number of NOABDs or the total number of PA NOABDs?	The denominator for this calculation should be the total number of NOABDs, including PA NOABDs.

# 35	Grievance System Report	NOABD Table	% of NOABDs issued after 28 days	In the Grievance System Report NOABD Table, % of NOABDs (services not previously authorized) issued after 28 days: Should the denominator for this calculation be the total number of standard timeframe PA NOABDs? Not including claims NOABDs, expedited PA requests, or pharmacy PA requests?	The denominator for this calculation should be the total number of NOABDs, including ALL NOABDs.
# 36	Grievance System Report	NOABD Table	% of NOABDs that were issued less than 10 days before the service was reduced, terminated, or suspended	In the Grievance System Report NOABD Table, % of NOABDs (services previously authorized) that were issued less than 10 days before the service was reduced terminated or suspended: Should the denominator be just PA NOABDs for services previously authorized, or all NOABDs as indicated in the directions embedded in the report template?	The denominator for this calculation should be the total number of NOABDs, including ALL NOABDs.

**Grievance System Report:
Appeals Table**

Question #	Document	Section	Column / Row	Question	Answer
# 37	Grievance System Report	Appeals Table	% Denials overturned on appeal	In the Grievance System Report Appeals Table, % of Denials overturned on appeal: Is the denominator all appeal requests, or all NOABDs? Is the numerator all Overturned appeals or all Overturned and Partial appeals?	The denominator for this calculation should be all appeal requests. The numerator should be all Overturned appeals only. For a partially approved appeal, please use two or more separate lines to distinguish the portions of the appeal that are denied and those that are approved and then input the proper Outcome code for each. In these situations, please ensure that the NOABD ID is the same across these rows.